



EBOLA CONTACT TRACING

N.C. Contact Listing Questionnaire - Part 2

EID _____
Contact ID Number _____

B2

Date of Interview _____

Contact Tracer:

First Name _____ Last Name _____
Affiliation _____
Telephone _____ Email _____

Case:

First Name _____ Last Name _____
NC EDSS Event Number _____
Telephone _____ Email _____

Person Being Interviewed:

- ☐ Patient
☐ Family member, specify _____
☐ Other, specify _____

If other than case:

First Name _____ Last Name _____
Address _____
Telephone _____ Email _____

Potential Contact Identified:

First Name _____ Last Name _____
Address _____
Telephone _____ Email _____

If possible, answer the following questions:

1. What is the relationship the potential contact has to the Ebola patient?

- ☐ Family member ☐ Classmate
☐ Co-worker ☐ Patient (healthcare setting)
☐ Friend
☐ Other, please specify: _____

2. What type of contact did the potential contact have with the Ebola patient?

- ☐ Household ☐ Funeral
☐ Healthcare ☐ Other

Describe the nature of each encounter (e.g. visited home, shared drinks, healthcare worker contact, etc.). For each encounter, please list the date (for example: had dinner on 9/2, drew blood for laboratory work on 9/6)

3. Does the potential contact currently have any fever or other symptoms?

- ☐ Yes
☐ No

If yes, please list all symptoms:

4. Has the potential contact traveled to any countries with active Ebola transmission in the past 21 days?

- ☐ Yes
☐ No

If yes, please list countries and dates of travel:

5. Has the potential contact had exposure to any other Ebola Patients?

- ☐ Yes
☐ No

If yes, please list the name and NC EDSS number (if applicable) of all other patients that the respondent has had contact with:

Additional Notes: